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PROGRAMME PRIORITIES AND FUTURE DIRECTIONS OF UNFPA IN LIGHT OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD)

Report of the Executive Director

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I. INTRODUCTION

1. This report, prepared in response to Governing Council decision 93/27 A, paragraph 12, of 18 June 1993, discusses the proposed programme priorities and future directions for UNFPA in light of the ICPD Programme of Action. It builds on the interim report on this subject (document DP/1995/8), presented during the first regular session 1995 of the Executive Board and takes into account the comments received on that document. The report also incorporates the comments and suggestions offered in informal discussions with Executive Board members, Governments, United Nations partners and non-governmental organizations (NGOs).

2. The population situation in many developing countries has shown considerable improvement during the past 25 years: fertility levels and crude death rates have declined, and life expectancy at birth has increased by nearly 20 per cent, from 52 years in 1969 to 62 years today. Overall, the health of women and children is improving, and contraceptive prevalence has increased -- from around 14 per cent in 1960-1965 to an estimated 56.8 per cent of women of reproductive age in 1994. The world population is currently estimated at 5.6 billion. While the rate of growth is on the decline, absolute increments have been increasing, currently exceeding 86 million persons a year. Annual population increments are likely to remain above 86 million until the year 2015. The next 20 years will witness a further shift of populations from rural to urban areas, with the most rapid rates of urbanization occurring in developing countries where, by the year 2015, the proportion of the population living in urban areas is projected to reach 50 per cent. International migration is also likely to continue at a high level. In order to respond to the growth and movement of populations, intensified efforts will be needed over the next two decades in the area of population and development. The ICPD Programme of Action provides the framework for addressing these urgent population and sustainable development concerns.

3. At the ICPD a new paradigm of population and development emerged -- one that shifts population away from an exclusive focus on demographic concerns and targets to one that puts the well-being of individual women and men at the centre of sustainable development. The Programme of Action acknowledges the salience of demographic goals for macro-level development but underscores that these can best be accomplished by meeting the needs of individuals and increasing the role of all groups in civil society in achieving sustainable development.

4. In the months since the ICPD, UNFPA has examined the policy and programme implications of the Programme of Action for UNFPA, in particular as they relate to the policy orientations, programme focus and operational strategies of the Fund. The Fund has identified those components of the Programme of Action for which it has a comparative advantage and thus a major role to play as well as those areas where it will play a complementary role to other agencies and organizations. The Fund has also been assessing the strategic choices that will have to be made in order to respond effectively and responsibly to the expanded population and development agenda that emerged from the ICPD.

5. In moving forward from Cairo, the Fund has formulated a mission statement to serve as a framework for its activities over the coming 20 years. The statement underscores the Fund's commitment to promoting universally accepted human rights, particularly reproductive rights, in all aspects of its work. It reaffirms the importance of providing quality reproductive health and family planning services; implementing population policies as an integral part of sustainable development; and undertaking advocacy for population and development concerns, particularly for the empowerment of women.

6. The Fund will play an important role in monitoring the implementation of the Programme of Action at country, regional and global levels. Recognizing that considerable additional financial resources are required for effective implementation, the Fund will encourage developing and developed countries alike to increase their commitments to the population field. UNFPA, at the request of the Secretary-General, convened a consultation on resource mobilization (20 January 1995) composed of bilateral donors and international and regional financial institutions. The consultation underscored the need to secure additional funding for population activities and agreed to meet periodically to review progress in this area. In its advocacy and support for operational activities, the Fund's assistance will be structured so as to help countries attain the three quantitative goals specified in the ICPD Programme of Action -- provide universal access to a full range of safe and reliable family planning methods and to related reproductive health services; reduce infant, child and maternal mortality; and provide universal access to primary education.

7. This report focuses on the Executive Director's proposals for future programme support. It presents the basic principles underlying the Fund's programme of assistance; proposes three core programme areas for UNFPA assistance; examines the operational strategies the Fund will pursue; proposes a strategy for allocation of financial resources; and discusses the institutional arrangements and adjustments that will be needed to enable the Fund to operate effectively in the post-Cairo environment.

II. PRINCIPLES

8. All activities in UNFPA-assisted programmes will be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128. These principles include:

- human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action);

- population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of life of all people (principle 5);

- advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4);

- all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8);

- reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8);

- the principle of informed free choice is essential to the long-term success of family planning programmes (chap. VII, para. 12 of the Programme of Action);

- governmental goals for family planning should be defined in terms of unmet needs for information and services; and demographic goals, while legitimately the subject of government development strategies, should not be imposed on family planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12).

III. PROGRAMME AREAS

9. In the future, UNFPA proposes to concentrate its funding in three core areas: (a) reproductive health and family planning; (b) population policy; and (c) advocacy. Previously, the Fund's assistance was provided among eight work-plan categories, as approved by the Governing Council in decision 76/42 and reaffirmed in decision 81/7. The selection of these three areas will enable UNFPA to sharpen the strategic focus of its programming and to capitalize on its comparative advantage and experience in the field of population and development. It also will allow the Fund to pursue a holistic approach in addressing the specific population needs of individual countries and facilitate efforts to improve coordination among the many agencies and organizations active in population and development activities.

10. Within each programme area, support will be given for research, training, awareness creation and information dissemination. This will ensure the complementarity of programme activities both within each programme area as well as among the three core areas.

11. The ICPD recognized that there can be no sustainable development without the full and equal participation of women, gender equality and equity and the empowerment of women. Gender concerns will therefore be integral components of all aspects of UNFPA programming and thus will be factored into all activities undertaken in the three core areas as a "cross-cutting" dimension. The sections below detail UNFPA's plans for working in the three core areas.

A. Reproductive health/family planning

12. Principle 8 of the Programme of Action states that:

> "Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."

13. The Programme of Action went on to define reproductive health care in the context of primary health care (PHC) as including, inter alia, the following components: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections, sexually transmitted diseases (STDs) and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Active discouragement of harmful practices such as female genital mutilation should also be an integral component of primary health care, including reproductive health-care programmes. Innovative programmes must be developed to educate and enable men to share more equally in family planning and in domestic and child-rearing responsibilities and to accept the major responsibility for the prevention of STDs.

14. Two of the goals of the ICPD Programme of Action will specifically guide UNFPA support in this area. These are: (a) "all countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible, and no later than the year 2015" (para. 7.6); and (b) "countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015" (para. 8.21).

15. Traditionally, UNFPA support in reproductive health/family planning (RH/FP) has generally been directed to family planning activities, largely integrated with maternal and child health (MCH) programmes but also integrated with programmes in other sectors such as agricultural extension, social security, community and rural development, and with activities designed for women and youth. In more recent years, support has also been provided for activities such as maternal and neonatal care; prevention of STDs; and prevention of infertility. However, UNFPA country programmes have not typically provided for many of the broader issues of sexual and reproductive health, which have been clearly enunciated in the ICPD Programme of Action.

16. In its future support for reproductive health, UNFPA will continue to underscore a number of basic programming concepts including, in particular, efforts to: (a) involve women, women's organizations, and other groups working for women's needs in the planning, implementation and monitoring of reproductive health services and programmes; (b) promote men's participation in RH/FP programmes and responsibility for their sexual and reproductive behaviour; (c) assure the highest level of quality of care in providing information and services; (d) promote an approach that provides a constellation of linked or integrated services to meet the needs of clients; (e) make available as wide a range as possible of safe and effective modern methods of family planning, technically approved by the World Health Organization (WHO); (f) create a better understanding of the social, cultural and behavioural context within which reproductive ill-health occurs; and (g) promote the coordination of national reproductive health programmes among Governments, multinational and bilateral agencies, NGOs and the private sector.

17. The empowerment of women is a fundamental prerequisite to sound reproductive health. This requires that women have increased access to resources, education and employment, and that their human rights and fundamental freedoms are promoted and protected so that they are enabled to make choices free from coercion or discrimination. Family life education and public information for young people that encourages responsible sexuality, respect for women, and gender equity are also fundamental to improving the status and role of women in society.

18. Women will necessarily remain the focus of reproductive health activities since the burden of ill-health associated with reproduction affects women to a much larger extent than it does men. However, all programmes and services should pay attention to the roles and responsibilities of men in reproductive health. Men must be urged and supported to take responsibility for their sexual and reproductive health behaviour and for their social and family needs.

19. Strategy. UNFPA support for reproductive health will be based on a public-health, pragmatic and participatory approach. Such an approach: (a) responds to the reproductive health needs of individuals and involves them in the programming process; (b) promotes sustainability; and (c) identifies interventions that have the greatest impact for the most people at an affordable price. It also encourages partnerships between Governments, NGOs, and the private sector to maximize both coverage and quality of services and to stimulate innovative ideas.

20. The ultimate goal is to develop a comprehensive and integrated system of reproductive health care that offers a full range of services, as outlined by WHO in its report on "Reproductive Health: WHO's Role in the Global Strategy" (document A48/10). This will best be achieved, in practice, through an incremental approach that builds on the system that is currently in place, identifies gaps and inadequacies in that system and strengthens links between programmes in order to respond better to the reproductive health needs of individuals. This means, however, that not every service provider or service delivery point can deal with every reproductive health issue. Nevertheless, every opportunity should be taken to promote reproductive health, prevent problems

and provide care and treatment, based on identified needs and the feasibility, cost, and effectiveness of currently available interventions.

21. The rationale for using such an incremental approach is that it makes the most efficient and cost-effective use of existing staff and health-care facilities. In fact, it is often the same primary care worker, working out of the same facility, who provides family planning care and many of the other components of reproductive health. UNFPA will thus work to integrate reproductive health care information and services into the various other services provided at the service-delivery level and to assure that the health-care personnel working in such facilities receive training in integrated reproductive health care.

1. UNFPA support for reproductive health services

22. UNFPA will continue to support all feasible and effective modes of delivery of family planning information and services. Over the past, an extensive system of family planning service delivery points has been established. While these initially focused on selected components such as contraceptive information and services, they have increasingly added other components of reproductive health care such as prevention and treatment of reproductive tract infections. With some additional strengthening through training and the provision of basic supplies and equipment, these service delivery points can take on further responsibilities. Thus, within the context of primary health care, UNFPA will build on its traditional support, according to need, through the strengthening or addition of services that seek to improve reproductive health by reducing the need for abortion; preventing and treating reproductive tract infections, including STDs; preventing and treating HIV/AIDS; preventing and treating infertility; providing routine screening for other reproductive health conditions; and discouraging harmful practices such as female genital mutilation.

23. Within the overall framework of reproductive health, UNFPA will support all aspects of family planning at primary, secondary and tertiary levels. Family planning is a central component of reproductive health because of its impact on women's lives and its role in ensuring Safe Motherhood, in reducing reproductive tract infections and in preventing abortion.

24. UNFPA support for other components of reproductive health will be concentrated at the primary health care level. While providing direct support for reproductive health activities at the primary care level, UNFPA recognizes the need for strengthening referral services for the evaluation and treatment of reproductive health problems that cannot be managed at the primary health care level. In this regard, UNFPA will promote the appropriate strengthening of reproductive health services at the secondary and tertiary levels.

25. Based on an assessment of needs through epidemiological studies and the use of standard protocols developed with the technical advice of WHO and others, UNFPA will respond to the reproductive health needs and priorities of individuals. The Fund will also advocate and support

primary health care interventions that are likely to have the greatest impact on reproductive health. An incremental approach, based on an assessment of needs and an identification of feasible ways of strengthening linkages between reproductive health programme components, will be used to expand existing family planning services into the broader context of reproductive health.

26. UNFPA does not promote abortion as a method of family planning. UNFPA support in this area will be directed to the prevention of abortion, the management of complications of abortion, and post-abortion counselling and family planning. What role, if any, UNFPA should have in assuring the quality and monitoring of abortion services in those circumstances where abortion is not against the law requires discussion and guidance by the Executive Board.

27. Adolescent reproductive health. In many countries, over one-half of adolescents are married and need reproductive health services. Moreover, many adolescents and youths, whether married or unmarried, need reproductive health information, education and services. UNFPA will therefore expand its support to national initiatives to meet the reproductive health needs of adolescents and youth. The Fund will support country-specific, culturally appropriate, accessible information and services that recognize the important linkages between human sexuality, family planning and the transmission of sexually transmitted diseases including HIV/AIDS. UNFPA will support appropriate IEC programmes that stress peer counselling and family life education. The Fund will also support advocacy activities and country-level programmes that foster collaboration among Governments, NGOs, and the private sector and that involve adolescents in the planning, implementation and monitoring of adolescent reproductive health programmes.

28. UNFPA will also provide support to help meet the reproductive and sexual health needs of women in emergency situations, including those women who have become refugees and displaced persons as a result of natural disasters and armed conflicts. In such situations, UNFPA support will focus on providing reproductive health equipment and supplies and related information and counselling services. The Fund will also provide support for appropriate logistics management and infrastructure strengthening.

29. UNFPA will provide four additional types of assistance:

(a) Technical assistance, which will be provided for the full range of reproductive health activities, including training, research and programme planning and management;

(b) Training. UNFPA will support pre- and in-service training, particularly for primary health care personnel, in the areas of reproductive and sexual health. Such training will focus on technical and other skills of service providers and on re-orienting service personnel to a reproductive health approach. UNFPA will also support the development of prototype training curricula and materials for reproductive health;

(c) Information, education and communication. A primary aim of UNFPA support in this area will be to motivate policy makers, programme managers, service providers and communities to translate the concept of reproductive health, including family planning, into effective action. This will require the strengthening of national capacity to undertake related IEC and media activities. It will also require, among other things, that IEC messages are effective and that service-delivery systems respond to the increased demand that such messages generate. UNFPA will provide support to develop comprehensive, research-based, country-specific IEC strategies that promote choice in the area of reproductive health and family planning. The general objectives of such strategies will be: (a) to draw the attention of policy makers to the need for community-specific RH/FP services; (b) to improve knowledge of programme managers and service providers about clients' perceptions and needs and their satisfaction with RH/FP services; (c) to improve the quality of RH/FP care by enhancing service providers' interpersonal communication skills; (d) to motivate men to share reproductive decision-making with their spouses, support their mate's reproductive choices and adopt responsible sexual behaviour; (e) to improve adolescent reproductive health through the development of responsible attitudes towards sexuality and parenthood and the encouragement of gender-fair attitudes; and (f) to help people understand the benefits of using family planning methods and reproductive health services;

(d) Research and action. UNFPA will support research on various aspects of reproductive health at both the global and country levels. At the global level, this will include continued support for the development of new and improved methods of fertility regulation (through, e.g., the work of the WHO Special Programme of Research Development and Research Training in Human Reproduction (HRP), The Population Council, and the International Committee for Contraceptive Research (ICCR)), and for post-adoption contraceptive surveillance systems. Global-level research is also required on operationalizing reproductive health programmes, on identifying specific interventions that will be most cost-effective in improving reproductive health, and on developing standard protocols and instruments to collect the necessary data for planning, managing, monitoring and evaluating reproductive health programmes.

30. At the country level, required research will include: reproductive health needs assessments; reproductive health situation analyses; epidemiological studies to establish estimates of the reproductive health status of a given population and to identify those risk factors that can be modified; operational research to test programme innovations and improve efficiency of service delivery; social and cultural research to develop IEC materials; and social and behavioural research, for example, on the underlying causes of harmful practices directed against women and girls such as female genital mutilation.

2. Collaboration with other agencies and organizations

31. The tasks set out in the Programme of Action are beyond the capacity of any single organization. In order to assist countries in developing effective reproductive health programmes, UNFPA will further strengthen collaborative and coordination arrangements with WHO, UNICEF and other partners in the United Nations system, as well as with bilateral agencies and relevant NGOs.

32. UNFPA will look to WHO to provide an overall framework to operationalize reproductive health programmes and to define policies, identify research priorities and give technical guidance, including setting norms and standards, for the full spectrum of reproductive health activities. The Fund will also benefit from the guidance provided by various advisory groups in the areas of reproductive health and women as well as from consultations with NGOs. At the country level, the Fund will continue to collaborate and coordinate with WHO, UNICEF and other appropriate agencies and organizations, including NGOs and the private sector, in helping countries to formulate and implement comprehensive national programmes in the area of reproductive health.

33. A number of other areas of collaboration will receive special attention:

(a) For example, UNFPA is part of an inter-agency group, along with WHO, UNICEF and UNDP, which has issued joint statements, including an agreement on how to work together, on the training of traditional birth attendants and in the area of adolescent reproductive health. The Fund will seek to strengthen the support for adolescent reproductive health programmes by promoting collaboration and cooperation with other agencies and organizations in the United Nations system as well as with various donor agencies and NGOs. Such collaboration has been particularly successful in the past, as for example in the joint programme UNFPA and the International Planned Parenthood Federation (IPPF) developed to address the reproductive health needs of young people. Another area of successful collaboration can be found in the study, carried out jointly with UNICEF and selected NGOs, on laws and policies affecting adolescent reproductive health in 32 countries;

(b) UNFPA will work closely with WHO, the World Bank, UNICEF and bilateral agencies in strengthening country-level reproductive health training strategies and programmes. In particular, UNFPA will seek normative and technical guidance from WHO in order to meet the training and reorientation needs for health workers in reproductive health;

(c) UNFPA is working with the Office of the United Nations High Commissioner for Refugees (UNHCR), in cooperation with WHO and UNICEF, to establish technical guidelines for the provision of reproductive and sexual health information and services to women and young people in emergency situations. UNFPA will also collaborate in such situations with the Department of Humanitarian Affairs of the United Nations (DHA), WFP, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and key NGOs, including the International Red Cross;

(d) UNFPA is working closely with WHO, the World Bank, UNICEF, UNDP, The Population Council and IPPF on the implementation of Safe Motherhood programmes which will become a core part of the Fund's overall approach to reproductive health. The principal objective of these activities is to reduce morbidity and mortality among pregnant women;

(e) The Fund will support the United Nations Joint and Co-sponsored Programme on HIV/AIDS at the global level in cooperation with the other United Nations co-sponsoring agencies. UNFPA will ensure that its country-level support to HIV/AIDS prevention activities in the context of reproductive health is fully coordinated through mechanisms being set up by the Joint and Co-Sponsored Programme, particularly the theme groups on HIV/AIDS under the Resident Coordinator system;

(f) UNFPA will continue to work closely with IPPF, particularly through its medical advisory and programme advisory panels, to ensure consistency of approaches to reproductive health guidelines and strategies. UNFPA will also expand its collaboration with other NGOs and the private sector in order to build new and effective partnerships.

B. Population policy

34. The Programme of Action recognizes the inextricable linkages that exist among population, poverty, patterns of consumption and production, and the environment. It underscores that none of these issues can be considered in isolation. The Programme also recognizes that lasting solutions to macro issues of rapid population growth, social underdevelopment, unsustained economic growth, and unsustainable development can be achieved only by addressing the needs and concerns of individuals. Consequently, intensified efforts are required in the future to formulate and implement comprehensive population policies within development strategies, reflecting the centrality of the individual and the interrelatedness of demographic, social, economic, and environmental phenomena.

35. Since its inception, UNFPA has encouraged and supported national efforts to formulate and implement population policies. In collaboration with relevant parts of the United Nations system, the Fund has helped developing countries to establish population planning units and has funded population analysis and research, as well as data collection activities. It has also provided support for national capacity building through training programmes at the national, regional and global levels.

36. Over the years, UNFPA has provided support to numerous population and housing censuses. This was crucial in sub-Saharan Africa, where such support enabled newly independent countries to undertake their first modern population censuses in the 1970s. Additionally, the Fund supported demographic surveys, the most prominent of which was the World Fertility Survey (WFS) programme. The WFS enabled over 40 developing countries to obtain reliable data on fertility, infant and child mortality and other programme-related factors. The United Nations National

Household Survey Capability Programme (NHSCP) was another major initiative that helped build national capacity to develop data-generation systems. Similarly, the Fund was instrumental in creating and sustaining comprehensive databases at global and regional levels on the status of women (e.g., the United Nations Women's Indicators and Statistical Database for Microcomputers -- WISTAT); Population and Law; and Family Planning Programme Indicators. Support was also provided to developing countries for improving national civil registration and vital statistics systems.

37. All of these efforts were instrumental in enhancing the much-needed national capacities to collect and analyse data and in convincing countries of the need to formulate and implement sound population policies and programmes.

38. Strategy. UNFPA's future strategy in the population policy area will be to strengthen national capacity in order to: (a) ensure that all development strategies include population considerations; (b) ensure that population policies are effectively formulated and integrated within development strategies and that they fully reflect the individual needs of women, men and adolescents; (c) strengthen national data systems and analytical capabilities to provide timely and relevant information for policy formulation, programme development and monitoring; and (d) promote policy-relevant and operational research in support of population programmes that respond to emerging macro-economic and social policies for sustainable development.

1. UNFPA support for population policy

39. Population policies within development strategies. UNFPA will support developing countries and countries with economies in transition in formulating or revising existing population policies to ensure that such policies are consistent with the ICPD development paradigm and enable countries to monitor the impact of both population and development programmes on overall improvements in the quality of life. UNFPA will also assist countries in developing appropriate institutional arrangements that will facilitate the effective formulation and implementation of population policies within development strategies, at national and sub-national levels.

40. Data systems for policy and programme monitoring. A comprehensive data and information system for policy formulation, programme development, and programme monitoring will be needed at national and sub-national levels. UNFPA will support intersectoral and inter-disciplinary efforts to streamline existing national and international approaches to generate and disseminate data. Special emphasis will be given to the development of innovative methodologies to generate, disseminate and use data in population and related areas such as education, migration and reproductive health. UNFPA will support the development of data systems that generate information that is disaggregated by gender as well as by geographic areas. In the future, UNFPA's support for population censuses and civil registration systems will be extremely limited and provided only on a selective basis, usually in collaboration with partner United Nations and bilateral agencies and organizations.

41. UNFPA will support an international initiative, with the active participation of United Nations and bilateral agencies and organizations, to help establish comprehensive national and international databases on reproductive health and family planning, among other things, to facilitate the assessment of needs and the development of indicators. In this regard, a recent consultative meeting of experts from the United Nations, WHO, UNICEF, selected international NGOs and academic institutions underscored the urgent need for such an initiative.

42. Research, analysis and training. UNFPA will support policy-relevant research and analysis to help monitor the implementation of population policies and programmes, as well as to assess the impact of development strategies on demographic phenomena. Such studies will focus on, inter alia, the acceptability of reproductive health and family planning practices in various social, economic and cultural settings, and the role and status of women and reproductive rights. Support will be provided for operational research on the management and effectiveness of reproductive health/family planning programmes; the quality and acceptability of service delivery personnel; the availability, accessibility and quality of care; the design of advocacy programmes that address the interrelationships between population factors and development; and the impact of Structural Adjustment Programmes, including the social dimensions of such programmes. Research related to population distribution, urbanization and migration will also be supported. UNFPA will continue to support training programmes at national, regional and global levels, including UNFPA's Global Programme of Training in Population and Development.

2. Collaboration with other agencies and organizations

43. In supporting activities in the population policy area, UNFPA will strengthen its collaborative efforts with agencies and organizations in the United Nations system, bilateral donors, the academic community and key NGOs, including the United Nations and its regional commissions, ILO, FAO, UNESCO, WHO, the World Bank and regional development banks, the International Monetary Fund (IMF), UNICEF, WFP, UNDP, UNEP, the United Nations Centre for Human Settlements (Habitat), the International Organization on Migration (IOM), and the International Union for the Scientific Study of Population (IUSSP), among others.

C. Advocacy

44. In line with the principles of the Programme of Action, UNFPA will undertake advocacy as one of its core programme areas. Population and, in particular, reproductive health and family planning will continue to be the Fund's primary focus for advocacy activities. However, UNFPA will also provide advocacy support for closely related social and development goals concerning human rights, particularly reproductive rights; poverty eradication; people's participation; gender equality and equity and empowerment of women; basic education, particularly for girls; and environmental preservation. The Fund will further provide advocacy support for efforts to eliminate gender differentials in infant and child mortality as well as to protect the girl child.

45. When the Fund became operational in 1969, population was, for the most part, uncharted territory. UNFPA's first task, therefore, was to create an awareness of population and development linkages and to convince government leaders of the importance of addressing population concerns -- growth, distribution, age structure -- if they wished to realize their socio-economic development goals. For the last two and a half decades, the Fund, through its advocacy work, has helped to build up, in both developing and developed countries, a solid knowledge of population and development issues and to develop support for family planning both as a health measure to reduce abortions and maternal and infant mortality, and as a human right. Moreover, the Fund's advocacy has played a key role in galvanizing broad-based political commitment and financial support for population activities, and placing population concerns on international and development agendas.

46. Strategy. UNFPA will carry out, essentially, two types of advocacy. The first type would be in direct support of population programme activities and is essential for creating an environment conducive to increasing the demand for and the use of quality reproductive health and family planning services; enhancing the commitment to population policy formulation and implementation; and achieving broader development goals. Such advocacy should address, in particular, gender equality and equity; education of women; reproductive rights; protection of the girl child; the role of men in matters of sexual and reproductive health and in the family.

47. The Fund will also work as an advocate for human rights and for development issues such as education, poverty, basic health services, empowerment of women and people's participation, emanating from the ICPD Programme of Action and agreements reached at other United Nations fora. In these situations, UNFPA would generally not fund operational activities beyond support for advocacy. A closely associated form of advocacy would be the efforts carried out to mobilize financial resources for population and development-related activities.

1. UNFPA support for advocacy

48. Education. UNFPA is already playing a key role, and will continue its active involvement, in advocating the education of girls and basic education for all. Through its partnership in the Education for All Forum and E-9 Initiative, the Fund will contribute to the design and implementation of major basic education initiatives in key countries, such as the one being launched by Pakistan in 1995.

49. Non-formal education channels -- for example, the workplace, parent education activities, trade unions, agricultural extension and the media -- will be used for advocacy aimed at out-of-school youth and adults, both women and men. This will require, among other things, modifying training programmes and producing new educational materials and messages.

50. A key activity will be to involve education specialists in major reform of national curricula for basic education. This will help to upgrade textual materials, eliminate gender stereotypes and incorporate relevant contents in national school curricula on such issues as reproductive health and

family planning, HIV/AIDS, human rights and the environment. Collaboration with major international financial institutions will be vital in this effort in view of the major expense involved. It will also be essential to work closely with all relevant United Nations entities and key NGOs.

51. Women's empowerment. Advocacy has an important role to play in empowering women and in achieving gender equity and equality, both of which are key to the success of reproductive health and family planning activities. UNFPA will therefore ensure that gender concerns will be an integral component of all UNFPA programme areas. UNFPA will, in collaboration with other United Nations entities, support countries to formulate gender-sensitive action plans to implement the Programme of Action. In addition, UNFPA will provide limited direct funding to selected activities designed to enhance the social and economic status of women. For example, the Fund will provide support for management training programmes for women and for women's micro-enterprises that are linked with reproductive health and family planning programmes. Such activities will be carried out in partnership with, and in support of, programmes of other organizations, including ILO, FAO, UNIFEM, and The Centre for Development and Population Activities (CEDPA). UNFPA will also cooperate with the Commission for the Elimination of Discrimination Against Women (CEDAW).

52. Effective advocacy is essential in creating awareness of reproductive and sexual health and rights; getting Governments to adopt a holistic approach to women's reproductive health; eradicating harmful practices against women and girls, such as female genital mutilation; drawing attention to the health needs of the girl child; eliminating nutrition practices that discriminate against girls; and getting men involved in reproductive health and family planning programmes. It is also crucial in removing legal, social, cultural, political and economic barriers against women; enforcing existing legislation protecting women against early marriage, sexual exploitation and violence; and in ensuring that women have equal access to education, are guaranteed equal opportunity to work and receive equal pay for equal work.

53. Media activities. The Fund has had a fruitful collaboration with the media and has helped build national capacity to undertake information and media activities. Moreover, UNFPA-supported information programmes have heightened awareness of population issues in specific countries and, through the global news media, at the international level as well. The Fund will continue to provide news releases, hold media seminars and assist news organizations in preparing and providing coverage of population and development news stories and features for radio and television.

54. Print as well as audio-visual materials concerning the need for, and examples of, the implementation of the ICPD Programme of Action will also be developed for a variety of audiences and distributed to major media outlets. The *State of World Population* report, the Fund's major annual publication since 1978, will be a particularly important vehicle in this regard, especially since it has steadily increased its visibility and credibility among both the media and research communities. Such information materials will be used to disseminate pertinent general information

as well as to support special activities such as World Population Day, seminars and conferences, and information campaigns. Collaboration with NGOs to produce population information materials, especially on the need to improve the status of women and to increase awareness of the ICPD Programme of Action, will be expanded and strengthened.

2. Collaboration with other agencies and organizations

55. Collaboration is very much a factor in effective advocacy. Through its links with partner agencies and organizations in the United Nations system, UNFPA has played an important role as an advocate on such issues as maternal mortality, reproductive health and reproductive rights, gender equity and equality, basic education for all and especially for girls, and the importance of integrating population dimensions into all development plans and programmes. The Fund will seek to strengthen its collaboration with its partners in the United Nations system, as well as with key NGOs at the national and international levels.

56. In the future, it will be critical to ensure that common advocacy messages are agreed to and then promoted in a coordinated fashion by the entire United Nations system. The Inter-Agency Task Force on the Implementation of the ICPD Programme of Action will facilitate this. For its part, UNFPA will actively support this process.

IV. OPERATIONAL STRATEGY

57. UNFPA will implement programmes in the three core areas of reproductive health and family planning, population policy, and advocacy at the country, regional and interregional levels, depending on the particular circumstances in each country and region and according to the needs of each sector. Some activities, because of their nature and in order to realize economies of scale, will be undertaken for the most part at the interregional level, e.g., contraceptive research and development. In all of its programming, UNFPA will work closely with Governments to assure that activities are tailored to their specific needs; build partnerships with implementing agencies, including NGOs and the private sector; and expand coordination with United Nations funds, programmes and organizations. The Fund will also continue to provide technical assistance in all core programme areas through UNFPA Country Support Teams (CSTs) under inter-agency technical support service (TSS) arrangements.

58. Governments. UNFPA will assist Governments, at their request, in reviewing their policies and developing national plans of action consonant with the Programme of Action, providing financial support, to the extent possible, for such activities. The Fund will also assist countries in obtaining external funding by bringing these national programmes to the attention of the donor community. UNFPA is working with countries to strengthen the capacity of the national committees that had been established during the preparations for the ICPD so that they can be used to implement programme activities. It is also encouraging Governments to use the national reports

that had been prepared for the ICPD Conference as baseline material to help monitor national progress in attaining ICPD goals.

59. In supporting various activities in the three core programme areas, UNFPA will give priority to those inputs that enhance national capacity and promote self-reliance for the achievement of sustainable development. This will require support to develop and/or strengthen appropriate national institutions and to enhance the capacity of national staff through on-the-job training as well as formal training.

60. UNFPA will work with Governments, through the United Nations Resident Coordinator system, in preparing country strategy notes (CSN), not only in the sections dealing with population and related activities but also to ensure that the entire CSN process adequately reflects the population dimension. The Fund will also work with its United Nations partners to strengthen countries' capacity to execute population and development activities. UNFPA will play a lead role in assisting developing countries in their efforts to coordinate external population assistance within a national framework. As part of its dialogue with Governments, UNFPA will underscore the need to develop partnerships with NGOs and the private sector and to involve women in decision-making and management capacities in the formulation and implementation of population and development policies.

61. Non-governmental organizations and the private sector. The ICPD and other recent international conferences have emphasized the role to be played by NGOs and the private sector in the achievement of sustainable development. The Fund has a long tradition of working with NGOs and is committed to expanding this cooperation, in particular, with NGOs at the national and subregional level.

62. UNFPA believes that NGOs have an important role to play in the implementation of the Programme of Action. NGOs have repeatedly demonstrated their effectiveness in delivering reproductive health services, including family planning, and in generating public support for family planning programmes. The Fund recognizes, however, that it is critical to assess the capacity of the NGOs with which it will work. UNFPA will, therefore, take into consideration the past performance of organizations as well as their competence in various sectors. UNFPA will seek to enhance the collaboration between Governments and NGOs in order to take advantage of their comparative strengths in formulating, implementing and monitoring programme activities.

63. The Fund has recently revised its NGO guidelines to allow for more flexibility in using NGOs in country programming. UNFPA will extend assistance to NGOs to help them strengthen their administrative and management capacities so that they will be better able to help countries meet the additional demands generated as a result of the implementation of the Programme of Action. UNFPA has therefore established an NGO Advisory Panel to advise the Executive Director on how UNFPA can make better use of and interact more effectively with the NGO community and the private sector.

64. The Programme of Action stresses that the private, profit-oriented sector can play an important role in social and economic development. In the area of reproductive health, for example, the private sector has an important part to play in conducting contraceptive research and in developing and introducing new methods of contraception. It could also assume a wider role in the delivery of reproductive health services. Mechanisms should be created that would permit the private sector to channel financial resources to population and development initiatives as well as to provide managerial and technological know-how for their implementation. UNFPA will work with Governments, NGOs and the private sector in order to identify avenues for collaboration and to strengthen the contribution of the private sector to the implementation of sustainable development programmes.

65. Coordination within the United Nations system. In its programming at the country, regional and interregional levels, UNFPA will seek to extend and improve coordination with other agencies and organizations in the United Nations system. This approach is in accordance with General Assembly resolution 49/128, which invites agencies and organizations of the United Nations system to strengthen and adjust their programmes to take into account the follow-up to the ICPD (para. 10) and emphasizes the need for ICPD follow-up activities to make full use of the United Nations system in the area of population and development (para. 21). It is also consonant with the Secretary-General's Agenda for Development as well as with General Assembly resolution 47/199.

66. UNFPA will work as part of the Inter-Agency Task Force on the Implementation of the ICPD Programme of Action, which was established at the initiative of the Secretary-General, to assure a coordinated approach to the implementation of the Programme of Action and to contribute towards the development of a common framework for follow-up for other conferences in the social sector. The focus of the Inter-Agency Task Force is on country-level cooperation, and it will build on arrangements already in place -- the Resident Coordinator system and the country strategy note. In the first phase of its work, the Task Force has set up four working groups addressing specific topics. Each group is charged with issuing "operational guidelines" for use by the Resident Coordinators, which are meant to serve as a "tool" to facilitate system-wide collaboration in the design, implementation and monitoring of country-level initiatives in specific areas. In its next meeting, anticipated for June, the Task Force will further delineate its programme of work, taking into account major topics of interest and themes identified in various United Nations bodies, such as the themes identified by the Commission on Population and Development at its twenty-eighth session in February-March 1995.

67. The Fund will participate actively in inter-agency mechanisms established for coordination purposes, such as the Administrative Committee on Coordination (ACC). The ACC, at its first regular session of 1995, recognized "the need for a common framework for follow-up to ICPD and other major international conferences in the economic and social sectors" and welcomed "the convening, with UNFPA as the lead agency, of an inter-agency mechanism with the objectives of: development, coordination and monitoring of the implementation of the ICPD Programme of Action by the United Nations system".

68. Furthermore, the Fund will continue to work with the other members of the Joint Consultative Group on Policy (JCGP) to harmonize programming procedures and policies. Greater harmonization will certainly facilitate coordination, strengthen national capacity and considerably enhance the effectiveness of the assistance provided.

69. Given the nature of the three core programme areas, UNFPA will need to strengthen its collaboration with those agencies and organizations that are active in each of the sectors. For example, in the area of reproductive health and family planning, the Fund will look to WHO for normative and technical leadership and will cooperate closely with UNICEF, the World Bank, the regional development banks, as well as with bilateral donors, selected NGOs and the private sector. It should be noted, in this regard, that the Executive Boards of UNICEF and WHO have formed a Joint Committee on Health Policy. In view of the need for increased collaboration between UNICEF, WHO and UNFPA in health-related areas, it would seem useful and helpful if the Executive Board of UNDP and UNFPA were also a member of this Joint Committee. The Board may therefore wish to consider becoming a member of this Joint Committee.

70. At the regional level, UNFPA will cooperate with the United Nations regional commissions as well as with such other regional entities as the Organization for Africa Unity (OAU), League of Arab States, Association of South East Asian Nations (ASEAN), South Asian Association for Regional Cooperation (SAARC), Caribbean Community (CARICOM), the Economic Cooperation Organization (ECO), South Pacific Commission, the European Union and others.

V. STRATEGY FOR RESOURCE ALLOCATION

71. The issue of the allocation of resources has always been an important factor in the effectiveness of UNFPA's work and thus has been the subject of a continuing dialogue between the Fund and the Executive Board (formerly the Governing Council). The programmatic implications of the ICPD Programme of Action, described in Section III above, have ramifications for allocation of resources by the Fund. As in the past, the Fund will concentrate its resources on activities at the country level.

72. Since 1977, the Fund's strategy for allocating resources to countries has been, with the approval of the Governing Council, determined by a system of priority countries based upon the notion that developing countries that are experiencing the most urgent population problems and are in greatest need of international multilateral assistance should qualify for UNFPA assistance on a priority basis. The system is also based on the premise that no developing country requesting UNFPA assistance will be denied such assistance. The criteria for determining priority status of countries, the threshold levels of such criteria, and the relative proportions of resources to be allocated to priority countries as a group have been discussed by the Governing Council at numerous sessions, including most recently at its fortieth session (see, e.g., document DP/1993/33). It should be noted that the current system of priority countries has enabled the Fund to successfully provide assistance to both priority and non-priority countries.

73. The Fund recognizes that its strategy for resource allocation to developing countries needs to be revised in the light of the differential progress achieved in individual countries in the area of population, the different levels of need of countries for multilateral assistance, and the urgent need to enhance programme effectiveness and impact. Accordingly, the Fund will base its system of resource allocation on the principles and goals recommended in the ICPD Programme of Action as follows:

- All countries seeking UNFPA assistance should adhere to the basic principles contained in section II above;

- Technical assistance will be provided to all developing countries requesting it;

- Financial assistance will be focused on countries with the lowest level of achievement with regard to ICPD goals related to access to reproductive health and family planning services; access to education by girls and women; and levels of infant and maternal mortality;

- Financial assistance to countries that are close to or have already surpassed ICPD goals will be phased out or limited in scope and amount;

- Temporary financial assistance will be provided to countries with economies in transition, particularly for family planning and reproductive health;

- South-South cooperation will be promoted.

74. In line with the past practice of respecting the principle of universality, the Fund will make technical assistance available to all developing countries that request it particularly through the Fund's CST/TSS arrangements and other appropriate modalities.

75. The concept of graduation of countries in development cooperation is becoming important in many funds and programmes. Fortunately, a number of developing countries have achieved notable success in their population and development efforts and have surpassed or are close to ICPD goals. While such countries will not require comprehensive assistance from UNFPA, the Fund's financial assistance to them will be small in amount, limited in scope and will address selected issues requiring further attention and respond to the needs of certain areas or vulnerable groups within these countries that lag behind national averages with respect to ICPD goals. These graduating countries would also be good candidates for South-South cooperation, enabling them to share with others their successful experiences.

76. The Fund recognizes the problems that countries with economies in transition are presently facing and will therefore provide temporary assistance to those countries, particularly for family planning and reproductive health. Such assistance would focus on reducing the incidence of

abortion, promoting modern contraception and addressing social and cultural constraints to the practice of family planning.

77. Based on these principles and general orientation, the Fund will devise a new approach for allocating resources based on qualitative and quantitative indicators. While it is difficult at this early stage to project the resulting relative shares of resources that will be allocated to each of the three core programme areas (reproductive health and family planning; population policy; and advocacy) as well as to different categories of countries, it can be expected that the bulk of UNFPA financial assistance will go for reproductive health and family planning, followed by population policy and advocacy in that order. Similarly, it can be expected that least developed countries will benefit most from this approach.

VI. INSTITUTIONAL ARRANGEMENTS AND ADJUSTMENTS

78. The programme priorities and future directions outlined in this report will require adjustments in the Fund's institutional arrangements as well as the strengthening of staff at both the headquarters and, especially, country levels.

79. Strengthening of UNFPA staffing. The concentration of resources on the three core programme areas of reproductive health and family planning, population policy and advocacy will require a re-orienting of staffing profiles. This will be done through the recruitment of new staff and the re-assignment and training of existing staff. Training programmes will focus on technical aspects of the core programme areas as well as on strategy development; programme management, monitoring and evaluation; financial management; use of management information systems (MIS); and leadership and management skills. UNFPA will also make use of the pertinent training programmes of other entities of the United Nations system.

80. In recent years, UNFPA has increasingly decentralized approval authority to the country level with respect to programme operations. This process will need to be bolstered for some years to come in a number of ways, including through adequate staffing, training of existing staff and review and revision of operating procedures. At the country level, the emphasis will be on engaging national expertise and national project personnel, supplemented by, inter alia, specialists and advisers from the Fund's CST/TSS arrangements.

81. UNFPA representation at the country level. One issue that needs addressing is UNFPA representation at the country level. The relationship between UNDP and UNFPA at this level has gone through a process of adjustment and streamlining, from the time UNFPA became operational in 1969 to the most recent revision in March 1990. In view of the important role UNFPA will play in helping countries to implement the Programme of Action, the time has now come to take another step forward. This is particularly true at a time when the General Assembly and the Secretary-General have reiterated the importance of the operational activities for development of the United Nations system and of the Resident Coordinator system.

82. UNFPA, in agreement with UNDP, recommends that the UNDP/UNFPA relationship at the country level be further refined. UNFPA currently has senior officers in residence (designated as Country Directors) in some 60 offices. UNFPA, in agreement with UNDP, recommends that these resident Country Directors be designated as UNFPA Representatives. These Representatives will function fully as part of the United Nations Resident Coordinator system, thereby further enhancing its coherence in accordance with various resolutions on operational activities, particularly General Assembly resolution 47/199. By thus strengthening the authority, effectiveness and visibility of UNFPA at the country level, this refinement will be particularly important in the context of collaboration and complementarity among United Nations agencies and organizations in supporting Governments to implement the actions called for in the Programme of Action. The recommended organizational arrangements will be accomplished within existing financial and staff resources. It is intended that in country offices without a resident Country Director, the UNDP Resident Representative will continue to be the UNFPA Representative.

83. Expanding capacity for programme execution. Within the context of the General Assembly directives that seek to expand and extend national execution (see, e.g., General Assembly resolutions 46/219 and 47/199), UNFPA will identify and strengthen suitable executing agencies, both within Governments and in the non-governmental sector. The aim is to realize the objectives of self-reliance and institution building at the country level as it relates to the implementation of the Programme of Action.

84. Governance/Executive Board. The ICPD also addressed the issue of a separate Executive Board for UNFPA. In Chapter XVI on the Follow-up to the Conference, the Programme of Action, in paragraph 16.27, invited the General Assembly, at its forty-ninth session, in accordance with its resolution 48/162, to give further consideration to the establishment of a separate executive board of UNFPA. The General Assembly, while discussing the report of the ICPD at its forty-ninth session, in turn requested the Economic and Social Council, at its substantive session of 1995, to consider the establishment of a separate executive board of UNFPA [resolution 49/128, para. 28 (a)].

VII. ELEMENTS FOR A DECISION

85. The Executive Board may wish to:

(a) Take note of the present report (DP/1995/25);

(b) Endorse the principles of UNFPA's future programme of assistance;

(c) Endorse the concept of core programme areas and request the Executive Director to concentrate UNFPA's assistance within the core areas;

(e) Endorse the approach proposed on the strategy for allocation of resources;

(f) Endorse the agreement between UNDP and UNFPA to designate UNFPA resident Country Directors as UNFPA Representatives; and

(g) Request the Executive Director to report regularly to the Board on the implementation of the ICPD Programme of Action.

86. The Executive Board may also wish to consider becoming a member of the UNICEF/WHO Joint Committee on Health Policy.

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